



This check was mailed to the Student's local address on file. I am requesting a stop payment of this check and one of the following to be issued:

_____ Direct Deposit: takes from 3 to 5 days after completion of the stop payment process.

_____ Refund check: takes up to 3 to 5 days after completion of the stop payment process. NOTE: an additional stop pay will result in another 30 days wait to process.

Check was never received due to the following reason:

_____ Mailed to expired address _____ Lost in the mail _____ Misplaced or destroyed

_____ Other reason: _____

By signing this document I am verifying that I did not receive the refund check issued in the amount of _____ and I understand that this check is no longer valid and I will return it to the Student Cashier Center if I receive this check. I also understand that as of this date I cannot cash or deposit the original check because a stop payment will be issued immediately.

PRINT NAME: _____ ULID: _____

SIGNATURE: _____ DATE: _____

Correct Address: _____

Initials: _____ **I will update my address with the Registrar's Office.** Phone# _____

OFFICE USE ONLY

CHECK MADE PAYABLE TO : _____ ULID #: _____

CHECK # _____ CHECK DATE: _____ CHECK AMOUNT : _____

PLEASE VERIFY IF THE ABOVE CHECK IS STILL OUTSTANDING. THE STUDENT HAS REPORTED NEVER RECEIVING THE FUNDS AND HAS REQUESTED A REISSUE. PLEASE STOP PAYMENT AND SEE RE-ESTABLISH REQUEST BELOW.

RE-ESTABLISH REFUND Yes _____ No _____